



California State Board of Pharmacy

400 R Street, Suite 4070, Sacramento, CA 95814
Phone (916) 445-5014
Fax (916) 327-6308
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GRAY DAVIS, GOVERNOR

REGISTRATION AS A PHARMACIST IN CALIFORNIA

This instruction guide provides detailed information about the requirements for examination and registration as a pharmacist in California.

To become licensed as a pharmacist in California, you must fulfill these requirements:

- be at least 18 years of age.
- either (a) be a graduate of a college of pharmacy or a department of pharmacy of a university recognized by the board; or (b) if you are a foreign pharmacy school graduate, receive a grade satisfactory to the board on the Foreign Pharmacy Equivalency Examination.
- submit proof of completion of at least 150 semester units of collegiate study in the United States, or the equivalent thereof in a foreign country. No less than 90 of those semester units shall have been completed while in resident attendance at a school or college of pharmacy.
- submit proof that you have earned at least a baccalaureate degree in a course of study devoted to the practice of pharmacy.
- submit proof of completion of 1,500 hours of intern experience or its equivalent.
- pass both sections of the California pharmacist licensure examination.
- submit the required licensure fee.

California has no reciprocal licensure agreement with other states.

THE CALIFORNIA PHARMACIST EXAMINATION:

ELIGIBILITY: to be eligible to take the examination, you must:

- Have submitted to the board proof of completion of 1,000 hours of intern experience or its equivalent (see EXPERIENCE REQUIREMENTS on page 5).
- Have either (a) graduated from a school of pharmacy that is accredited by the American Council on Pharmaceutical Education or is recognized by the California State Board of Pharmacy, or (b) graduated from a foreign pharmacy school and received a grade satisfactory to the board on the Foreign Pharmacy Equivalency Examination.

If you are a graduate of a foreign pharmacy school, you must also have received a score of at least 50 on the Test of Spoken English administered by Educational Testing Service.

DEADLINE

All applications must be filed with the Sacramento board office at least 60 days before the examination date. Applications received after the filing date will not be processed for the upcoming examination.

EXAMINATION SCHEDULE:

<u>Dates</u>	<u>Location</u>	<u>Final Filing Date</u>
June 17 & 18, 2003	San Jose Convention & Cultural Facilities 408 Almaden Blvd San Jose, CA 95110	April 17, 2003

Hotel/Reservation Information:

Hilton San Jose and Towers
300 Almaden Blvd
San Jose, CA 95110
(408) 287-2100 or 1-800-HILTONS

NOTE:

Please reference the California State Board of Pharmacy Exam when making reservations.

January 13 & 14, 2004	Hyatt Regency/Burlingame 1333 Bayshore Highway Burlingame, CA 94010 (650) 347-1234	November 13, 2003
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BEFORE YOU WILL BE SCHEDULED TO TAKE THE EXAMINATION, YOUR APPLICATION MUST BE COMPLETE. TO BE COMPLETE, YOUR APPLICATION MUST INCLUDE:

1. **A check or money order for the \$155**, made payable to the Board of Pharmacy. This application fee is non-refundable. Each application is exam specific.

Should you need to postpone taking the examination, you may request a postponement in writing and submit it to the board at least 30 days before the examination. After the board receives this written notification, the application fee may be transferred to the next scheduled exam. However, such a transfer of fees may only be done once.

2. **An application form**, with all questions answered, your signature and with **TWO (2)** photographs. Photos taken by personal Polaroid cameras are unacceptable, as they tend to detach from the backing. Digital or scanned photos are not acceptable. Passport types of photographs are acceptable.

Please note **TWO (2)** photos are required. One photo is required for your application and the other is required for your admittance card. As admittance cards cannot be downloaded from the website, board staff will assemble your admittance card. Your assembled admittance card will be mailed to you once you have been scheduled for the examination.

3. **Copy of Request for Live Scan Service Form** verifying your fingerprints have been scanned and all applicable fees paid. Refer to Instructions for Completing Request for Live Scan Service Form. The board will only accept Live Scan Service Forms from California residents.

If you reside out of state you must submit rolled fingerprint on cards provided by the board and a fingerprint processing fee of \$66 (\$32 California Department of Justice (DOJ) processing fee, \$10 expedite fee and \$24 FBI processing fee). You may contact the board at (916) 445-5014 to request fingerprint cards. The board will only accept fingerprint cards from residents outside of California.

Fingerprints must be on cards provided by the board and taken by a person professionally trained in the rolling of prints. Fingerprint clearances from cards take approximately six weeks. Poor quality prints may result in rejection and will substantially delay licensing.

4. **A Rules of Professional Conduct Affidavit**, signed and dated. A newly signed and dated Rules of Professional Conduct Affidavit is required with each examination application submitted.
5. **Documentation of 1,000 hours of intern experience**, completed 30 days before the examination. (Please see EXPERIENCE REQUIREMENTS on page 5.)
6. **An official transcript**, showing the date of graduation and pharmacy degree earned, sent directly to the board from your school or college of graduation.

If you are in your last quarter or semester of pharmacy school, you must request that the dean of your school or college submit, directly to the board, written verification of your anticipated date of graduation and the degree that you will earn. **THE DATE OF GRADUATION MUST OCCUR BEFORE THE DATE OF THE BOARD'S EXAMINATION.** The dean's letter should include the number of clinical clerkship hours to be completed upon graduation.

NOTE: The filing of this letter from the dean qualifies you to take the examination only. Your examination results will not be released until the board receives your official transcript directly from your college or school of pharmacy.

If you would like notification that the board has received your application, please submit a stamped postcard addressed to yourself.

INCOMPLETE APPLICATIONS

You will be notified only once of any deficiencies in your application. As a candidate for the licensure examination, it is your responsibility to see that all deficiencies are corrected 30 days before the date of the examination. If your application is not complete 30 days before the exam date, **YOU WILL NEITHER BE SCHEDULED FOR NOR ADMITTED TO THE EXAM.** There are no exceptions. **The examination fee is not refundable.**

You will know that you have been scheduled to take the examination when you receive your completed admittance card from the board. **If you do not receive your admittance card two weeks before the examination, contact the board for instructions.**

GENERAL INFORMATION ABOUT THE CALIFORNIA PHARMACIST LICENSE EXAMINATION:

PASSING GRADE: There are two sections to the exam -- a short answer/essay section and a two-part multiple choice section (please see EXAMINATION CONTENT on page 7 for detailed information about the examination questions). To pass the examination, you must achieve a score of 75 or more on each section.

REFERENCE MATERIALS: The Candidate's Review Guide has been developed to assist you in preparing for the licensure examination. This guide describes what to expect once you arrive at the examination site, and provides recommendations for study, format information about the exam, a general description of each test section and examples of the types of test items you may encounter. The board strongly recommends that you review each section of the guide before taking the examination.

The Candidates Review Guide may be downloaded from the board's website at www.pharmacy.ca.gov under Forms and Publications.

California Pharmacy Law may be obtained from:

LawTech
1060 Calle Cordillera, Suite 105
San Clemente, CA 92673
(800) 498-0911
Price: \$16.99 (book) or \$16.99 (CD-ROM) plus tax and shipping

CANDIDATES WITH DISABILITIES: The Board of Pharmacy makes reasonable accommodations for physically disabled applicants who might have problems gaining access to the examination site. Special testing arrangements also are available. If you have such a special need, notify the board by telephone or in writing at least 60 days before the date of the examination so that suitable arrangements can be made.

TO BE ADMITTED TO THE EXAMINATION: You must bring your admittance card and a second form of government issued photo identification (for example a driver's license or passport) to the examination site to gain admission into the testing room.

DO NOT BRING: purses, backpacks, books, study notes, cellular phones, pagers, palm pilots, calculators, pens, food, candy, drinks, medication and even Kleenex (the board will provide you with Kleenex if you need it) or anything other than the required identification with you to the examination site. Such items will not be permitted into the examination room, and the board is not responsible for any item left outside the examination room.

Do not bring pencils with you to the examination site. The board will provide you with two pencils inside the examination room that you are to use to take the examination. During the examination should you wish to replace a dull pencil, simply contact your proctor for a replacement.

CALCULATORS: The board will provide all candidates with a calculator to use during the examination. The calculator will be provided to you in the examination room before the examination is started. You will be permitted to use the calculator to take both the essay and multiple choice sections of the examination.

Do not bring a calculator with you into the examination room. Any calculator found inside the examination room, other than the one furnished by the board, will be confiscated.

WHEN AND WHERE TO REPORT FOR THE EXAMINATION: The exact address of the examination site, as well as the starting time will appear on the admittance card.

If you do not receive your admittance card two weeks before the examination, contact the board for instructions. Be sure you are scheduled to take the exam before you make your travel arrangements.

EXAMINATION RESULTS: The board will release the results of the examination as soon as possible. The date planned for the release of the results will be announced in the candidate instructions provided during administration of the examination; typically this is eight weeks after the exam date.

You will be notified of your results in a letter mailed from the board. Do not telephone the board for your results: the board does not release examination results over the telephone. You will not receive your exam results if the board does not have your transcript showing the final pharmacy degree posted and the date earned.

REGRAIDING AN EXAMINATION: On occasion, a candidate who has not passed the examination may believe that this is due to a grading error. The board reviews all scores before results are released to prevent errors; nevertheless, you may request in writing a regrading of your examination within 15 days of the postmark appearing on the notice of test results. A fee of \$75 must accompany the request, which will be applied to the licensing fee if the regrading results in a passing score.

EXPERIENCE REQUIREMENTS

The experience required to be eligible to take the board's examination and to become licensed in California as a pharmacist can be obtained through intern experience hours or through verified licensure as a pharmacist in another state for at least one year with employment verification submitted directly to the board from the employer. These routes are described below:

1. Submission of Intern Hours:

A total of 1,500 hours of acceptable intern experience is required before you can be registered as a pharmacist. A minimum of 1,000 of these hours must be completed in order to take the exam.

At least 900 of the total 1,500 hours required for registration, as a pharmacist must consist of employment in a pharmacy under the immediate, direct and personal supervision of a pharmacist. This experience must be predominately related to the selling of drugs, compounding of prescriptions, preparing of pharmaceutical preparations, keeping of records and making of reports required by California and federal regulations.

For California-registered interns:

Documentation of at least 1,000 intern hours must be submitted to the board on the Pharmacy Intern Hours Affidavit (form 17A-29) at least 30 days before the examination.

For intern hours and experience earned in another state:

These intern hours must be verified by the pharmacy board of that state. Copies of intern experience affidavits and written verification must be forwarded directly by that board of pharmacy to our office.

NOTE: If you are in your last quarter or semester of pharmacy school and have qualified to take the exam based upon a letter sent by your dean to the board's office stating the number of clinical clerkship hours to be completed upon graduation, you are required after your graduation date to have those intern hours earned while in pharmacy school verified by the state board of pharmacy in which the hours were earned. After your graduation date, your pharmacy school may not verify intern hours. Verification of intern hours must come from the state board of pharmacy in which the hours were earned.

Prior to Licensure: the Pharmacy Intern Experience Affidavit must be completed and submitted to the board prior to licensure. This completed form, both community and institutional parts, is required of both out-of-state and California interns. The form 17A-30 is located in the Intern/Preceptor Manual.

Also note that if you are registered as a pharmacist in one or more states, verification of licensure from a minimum of one state board of pharmacy must be submitted before you can be scheduled for the examination. Verification of licensure from the remaining state boards in which you are licensed in is required prior to licensure.

2. Out-of-State Licensure

As an alternate route to demonstrate your pharmacy experience, you may have written verification completed by out-of-state employer(s) confirming your employment as a registered pharmacist for one year or more. This verification must be submitted directly to the Sacramento board office from your employer(s). If you elect to use this method to fulfill the experience requirement, you must also have the state board of pharmacy in the state where you are licensed submit verification and the status of your license directly to the Sacramento board office.

Prior to Licensure: If you are registered as a pharmacist in other states, verification of licensure from each state must be submitted before you can be registered in California. Verification must be submitted to this office directly from those state boards of pharmacy.

(It's never too early to have your documents sent to our board office. Everything sent to us is matched up with your application regardless of what is received first.)

CHECKLIST FOR FILING AN APPLICATION FOR THE PHARMACIST EXAMINATION

- () Submit a check or money order for \$155 made payable to the California Board of Pharmacy.
- () Return a completed application form.
- () Return the Rules of Professional Conduct Affidavit, signed and dated.
- () Order an official transcript showing the date of graduation and degree posted from your college or school of pharmacy. The college or school should mail the transcript directly to the Sacramento board office at least 30 days before the examination.

If the dean's office is submitting a letter verifying graduation because a final transcript is not available, arrange for the delivery of the final transcript with your degree posted once it is available. Remember that the results of your examination will not be released until the required transcript has been received.

- () For California-registered interns: submit evidence of 1,000 hours of internship experience on Pharmacy Intern Hours Affidavit(s), form 17A-29.

For applicants earning intern hours in another state: request that the board of pharmacy forward your intern hours directly to this office.

For applicants using out-of-state licensure experience instead of the intern experience requirements: request that your employer send this board a letter verifying that you have worked as a registered pharmacist for at least one year. You must also request the board of pharmacy in the state in which you worked as a pharmacist to forward verification of your licensure directly to this board. This verification must be done from all states in which you are licensed.

EXAMINATION CONTENT

The California pharmacist licensure examination is designed to evaluate a candidate's ability to practice pharmacy. Questions are based on the following content outline and the "Competency Statement" (which is found in the Candidate's Review Guide).

The examination is comprised of two sections. Descriptions of each section are:

1. Essay/short answer questions (approximately 100 points) which measure the applicant's ability to function as a practicing pharmacist. The applicant may be asked to evaluate patient information and to react with answers appropriate to the situation; to demonstrate that he or she has knowledge of

prescription requirements, commonly used laboratory tests, commonly prescribed drugs (both by trade and generic name), and commonly available over-the-counter (OTC) items found in the average pharmacy; to provide patient consultation in a language understandable to the patient; and to recognize common prescription errors. Short concise answers are expected.

2. Multiple-choice questions (300 points): These 300 questions are divided into two parts of 150 questions each. The applicant will be tested on the behaviors listed in the content outline.

DETAILED CONTENT OUTLINE

The Content Outline contains task requirements expected of pharmacists and forms the basis for the exam construction. The exam is constructed using a content outline based on the results of a job analysis that was completed at the end of calendar year 1999 by the California State Board of Pharmacy. This study identified those activities that were more frequently performed and judged most important by a large and representative sample of practicing pharmacists within California. The board reviewed the job analysis results and established the content outline for the California pharmacist licensure examination.

1. Provide Medication to Patients 120 items

A. Organize and Evaluate Information 100 items

1. Receive prescription/medication order
2. Obtain information from the patient/patient's representative for patient profile (diagnosis or desired therapeutic outcome, allergies, adverse reactions, medical history, etc.)
3. Obtain information from prescriber and/or health care professionals for patient profile (diagnosis or desired therapeutic outcome, allergies, adverse reactions, medical history, etc.)
4. Assess prescription/medication order for completeness, correctness, authenticity, and legality
5. Assess prescription/medication order for reimbursement eligibility
6. Assess prescription/medication order for appropriateness (e.g., improper drug selection, underdosage, dosage, overdosage, drug interactions, dosage form, delivery system)
7. Review, evaluate and update the medical record/patient profile for any or all of the following: disease states, clinical condition, medication use, allergies, adverse reactions, visual impairment, physical disability, medical/surgical therapies, laboratory findings, physical assessments and/or diagnostic tests
8. Evaluate physical assessment (e.g., blood pressure measurement, observation of signs/symptoms)
9. Evaluate the pharmaceutical information needs of the patient/patient's representative
10. Apply and assess basic scientific principles in the prediction of drug actions (biopharmaceutics, pharmacokinetics, pharmacological and pharmacodynamics)
11. Analyze and evaluate current literature

B. Dispense Medications 20 items

1. Enter prescription information into patient profile
2. Select specific product(s) to be dispensed for a prescription/medication order
3. Calibrate equipment needed to prepare or compound the prescription/medication order
4. Compound medications for dispensing according to prescription formula or instructions
5. Measure or count finished dosage forms for dispensing
6. Document preparation of medication in various dosage forms
7. Document preparation of controlled substances for dispensing
8. Package the preparation
9. Prepare label(s) for prescription containers
10. Select auxiliary label(s) for container(s)
11. Perform intermediate checks during processing of the prescription/medication order

12. Prior to dispensing, perform the final check of the medication (e.g., correct drug, dose, route, directions)

2. Monitor and Manage Patient Outcomes 120 items

A. Determine a Course of Action 36 items

1. Determine desired therapeutic outcomes
2. Develop a therapeutic regimen involving prescription medications (e.g., recommend alteration of prescribed drug regimen if necessary; select drug)
3. Recommend a nonprescription medication regimen (e.g., OTC product selection, dosage, dosage form)
4. Recommend a non-drug regimen (e.g., diet, exercise, physical therapy)
5. Determine the need for a referral
6. Communicate with patient/patient's representative, the prescriber and other health care professionals about the therapeutic plan
7. Document the therapeutic plan

B. Counsel Patients 36 items

1. Assess the patient's knowledge of the disease and treatment
2. Counsel patient/patient's representative regarding prescription medication therapy
3. Counsel patient/patient's representative regarding nonprescription medication (OTC)
4. Counsel patient/patient's representative regarding herbal/alternative therapies
5. Counsel patient/patient's representative regarding non-drug therapy
6. Counsel patient/patient's representative regarding self-monitoring of therapy (e.g., devices, symptoms)
7. Provide supplemental information, as indicated (e.g., patient package inserts, computer generated information, videos)
8. Verify the patient's/patient representative's understanding of the information presented.

C. Monitor and Manage Patient Outcomes 36 items

1. Recommend/order necessary monitoring and screening procedures (e.g., blood pressure, glucose levels, drug levels)
2. Monitor and assess patient to ensure compliance/adherence with prescribed therapy
3. Monitor and assess patient to identify changes in health status (e.g., onset of new disease states, changes in clinical condition)
4. Work with patient/patient's representative, prescriber and other health care professionals to identify and resolve problems that arise with patient's therapy (e.g., ADRs, financial barriers to therapy)
5. Recommend modifications to the therapeutic plan, when necessary (e.g., changes in health status, failure to achieve the desired therapeutic objectives, development of new problems)
6. Communicate results of monitoring to patient/patient's representative, prescriber and/or other health care professionals
7. Document monitoring and management activities
8. Adjust patient's drug therapy according to written protocols developed with prescriber(s)

D. Provide Drug Information 12 items

1. Provide drug information to the public and to health care professionals
2. Provide poison information to the public and to health care professionals regarding poison identification, adverse effects and treatment

3. Manage Operations 60 items

A. Purchase Pharmaceuticals, Devices and Supplies 6 items

1. Place orders for pharmaceuticals, durable medical equipment, devices and supplies, including expediting of emergency orders
2. Maintain a borrow/loan system in compliance with legal requirements
3. Maintain a record-keeping system of items purchased/received/returned in compliance with legal requirements and professional standards

B. Control Inventory 18 items

1. Place pharmaceuticals, durable medical equipment, devices and supplies in inventory under proper storage conditions
2. Remove from inventory expired or recalled pharmaceuticals, durable medical equipment, devices, supplies and document actions taken
3. Communicate changes in product availability (e.g., formulary changes, recalls) to pharmacy staff, patient/patient's representative, physicians and other health care professionals
4. Maintain policies and procedures to deter theft and/or drug diversion
5. Maintain a record of controlled substances ordered, received, stored and removed from inventory
6. Supervise a record-keeping system for repackaging of pharmaceuticals
7. Supervise a record-keeping system for bulk compounding of pharmaceuticals

C. Perform Quality Assurance/Improvement 15 items

1. Measure, assess and improve pharmacist and pharmacy technician performance in providing pharmaceutical services to an individual patient
2. Measure, assess and improve the accuracy of medication dispensing by pharmacy staff
3. Measure, assess and improve patient compliance/adherence with medication regimens
4. Measure, assess and improve the accuracy of medication administration by pharmacy and non-pharmacy staff
5. Measure, assess and improve the disease-management outcomes of patient populations

D. Manage Operations, Human Resources and Information Systems 9 items

1. Monitor the practice site and/or service area for compliance with federal, state and local laws, regulations and professional standards
2. Develop and implement policies and procedures for pharmacy technicians
3. Supervise the work of pharmacists, pharmacy technicians and/or other pharmacy staff
4. Ensure the availability of patient-related information (e.g., patient profiles, medication administration records)
5. Perform periodic backup of stored data (e.g., computer, microfiches, paper)

E. Manage Medication Use System 12 items

1. Participate in the implementation and/or management of a formulary system (e.g., serve on pharmacy and therapeutics committees)
2. Apply therapeutic interchange (i.e., therapeutic substitution) guidelines
3. Establish and maintain a system by which adverse drug reactions are documented, analyzed, evaluated and reported
4. Establish and maintain a system for medication error reporting including root cause analysis



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APPLICATION FOR PHARMACIST LICENSURE EXAMINATION

All items of information in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information will be used to determine qualifications for registration under the California Pharmacy Law. The official responsible for information maintenance is the executive officer, telephone (916) 445-5014, 400 R Street, Suite 4070, Sacramento, California 95814-6237. The information may be transferred to another governmental agency such as a law enforcement agency if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on them by our agency, unless the records are identified as confidential information and exempted by Civil Code section 1798.3.

NAME: Last				First				Middle				Former							
ADDRESS: Number				Street															
City								State				Zip Code							
Home telephone number ()								Work telephone number ()											
Date of Birth				Driver License Number				State				Social Security Number *							
Email Address																			
UNIVERSITY, COLLEGE OR SCHOOL OF PHARMACY ATTENDED																			
Name of university, college or school								Country				Date of Graduation				Degree			

OFFICE USE ONLY

Date Received _____

Amount _____

Receipt No: _____

TAPE A PHOTOGRAPH
TAKEN WITHIN 60 DAYS
OF THE FILING OF THIS
APPLICATION

**NO POLAROID OR
SCANNED IMAGES**

DO NOT WRITE BELOW THIS LINE

TSE	<input type="checkbox"/>	Photos:	<input type="checkbox"/>
FP Cards	<input type="checkbox"/>	DOJ Clear	<input type="checkbox"/>
Rules	<input type="checkbox"/>	FBI Clear	<input type="checkbox"/>
TRANSCRIPTS			
List/Letter	<input type="checkbox"/>	Official	<input type="checkbox"/>
F/G	<input type="checkbox"/>		
EXPERIENCE			
California Hours	_____		
Total on File	_____		
	C	I	
Experience Affidavit	<input type="checkbox"/>	<input type="checkbox"/>	
Employ Verification	<input type="checkbox"/>		

Previous Exam Information			
Date	Exam #	Scores	
Out-of-State Licensure verified		Out-of-State Hours verified	
RPh ()			()
RPh ()			()
RPh ()			()
RPh ()	UG		()

Exam Number:
Exam Date:
Score Received:
License Fee:
Date Received:
License Number:
Date Issued:

List all state(s) where you have been or are currently registered as a pharmacist				
State	Registration number	Active or inactive	Expiration date	

List all experience earned in and out-of-state. Indicate whether experience was earned as an INTERN or PHARMACIST.					
From	Dates To	Name of employer	Location	Total hours experience	Hours earned as:
					Intern <input type="checkbox"/> Pharmacist <input type="checkbox"/>
					Intern <input type="checkbox"/> Pharmacist <input type="checkbox"/>
					Intern <input type="checkbox"/> Pharmacist <input type="checkbox"/>

1. Have you ever taken the California pharmacist licensure exam? ☐ Yes ☐ No
If "yes," provide exam date(s). _____
2. Have you ever applied for and not taken the exam? ☐ Yes ☐ No
If "yes," provide exam date(s). _____
3. Are you a registered intern pharmacist in California? ☐ Yes ☐ No
If "yes," provide California intern number. _____
4. Are you a registered pharmacy technician in California? ☐ Yes ☐ No
If "yes," provide pharmacy technician registration number. _____
5. Have you ever been registered as a pharmacist in California? ☐ Yes ☐ No
If "yes," provide California pharmacist license number. _____
6. Have you ever been expelled from a pharmacist licensure exam administered in this state or any other state? ☐ Yes ☐ No
If "yes," provide the date and state. _____
7. Have you previously taken a pharmacist exam which was not graded or had exam results withheld on grounds of dishonest conduct during an examination in this state or any other state? ☐ Yes ☐ No
If "yes," provide the date and state _____
8. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety without exposing others to significant health and safety risks? ☐ Yes ☐ No
If "yes," attach a statement of explanation. If "no," proceed to #10.
9. Are the limitations caused by your medical condition reduced or improved because you receive ongoing treatment or participate in a monitoring program? ☐ Yes ☐ No
If "yes," attach a statement of explanation.

If you do receive ongoing treatment or participate in a monitoring program, the board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.

10. Do you currently engage, or have you been engaged in the past two years, in the illegal use of controlled substances? ☐ Yes ☐ No
- If "yes," are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? **Attach a statement of explanation.**
11. Have you ever been convicted of or pled no contest to a violation of any law of a foreign country, the United States or any state laws or local ordinances? You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside under Penal Code section 1203.4. Traffic violations of \$500 or less need not be reported. **If "yes," attach an explanation including the type of violation, the date, circumstances, location and the complete penalty received.** ☐ Yes ☐ No
12. Has disciplinary action ever been taken against your pharmacist license or intern permit in this state or any other state? **If "yes," attach a statement of explanation.** ☐ Yes ☐ No
13. Have you ever had an application for a pharmacist license or an intern permit denied in this state or any other state? **If "yes," attach a statement of explanation.** ☐ Yes ☐ No
14. Have you ever had a pharmacy permit, or any professional or vocational license or registration, denied by a governmental authority in this state or any other state? **If "yes," provide the name of company, type of permit, type of action, year of action and state.** ☐ Yes ☐ No

Name of person or company	Type of permit	Type of action	Year of action	State

You must provide a written explanation for all affirmative answers. Failure to do so will ultimately result in this application being deemed withdrawn as incomplete.

Please read carefully and sign below.

I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license. I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements. I also certify that I personally completed this application and have read and understand the instructions attached to this application.

Signature of applicant (in full—no initials)

Date

Please read reverse side

* Disclosure of your U.S. social security account number is mandatory. Section 30 of the Business and Professions Code, section 17520 of the Family Code, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security account number your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Under California law each person licensed by the Board of Pharmacy is a “mandated reporter” for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.

California Penal Code section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

For further details about these requirements, consult Penal Code sections 11164, and following.



RULES OF PROFESSIONAL CONDUCT

(Please Sign and Return to the Board)

1714 OPERATIONAL STANDARDS AND SECURITY

- (d) Each pharmacist while on duty shall be responsible for the security of the prescription department, including provisions for effective control against theft or diversion of dangerous drugs and devices, and records for such drugs and devices. Possession of a key to the pharmacy where dangerous drugs and controlled substances are stored shall be restricted to a pharmacist.

1715.6 REPORTING DRUG LOSS

The owner shall report to the Board within thirty (30) days of discovery of any loss of the controlled substances, including their amounts and strengths.

1717. PHARMACEUTICAL PRACTICE

- (a) No medication shall be dispensed on prescription except in a new container which conforms with standards established in the official compendia.
Notwithstanding the above, a pharmacist may dispense and refill a prescription for non-liquid oral products in a clean multiple-drug patient medication package (patient med pak), provided (1) a patient med pak is reused only for the same patient; (2) no more than a one-month supply is dispensed at one time; and (3) each patient med pak bears an auxiliary label which reads, "store in a cool, dry place."
- (b) In addition to the requirements of section 4040, Business and Professions Code, the following information shall be maintained for each prescription on file and shall be readily retrievable:
 - (1) The date dispensed, and the name or initials of the dispensing pharmacist. All prescriptions filled or refilled by an intern pharmacist must also be initialed by the preceptor before they are dispensed.
 - (2) The brand name of the drug or device; or if a generic drug is dispensed, the distributor's name which appears on the commercial package label; and
 - (3) If a prescription for a drug or device is refilled, a record of each refill, quantity dispensed, if different, and the initials or name of the dispensing pharmacist.
 - (4) A new prescription must be created if there is a change in the drug, strength, prescriber or directions for use, unless a complete record of all such changes is otherwise maintained.
- (c) Promptly upon receipt of an orally transmitted prescription, the pharmacist shall reduce it to writing, and initial it, and identify it as an orally transmitted prescription. If the prescription is then dispensed by another pharmacist, the dispensing pharmacist shall also initial the prescription to identify him or herself.
All orally transmitted prescriptions shall be received and transcribed by a pharmacist prior to compounding, filling, dispensing or furnishing.
Chart orders as defined in section 4019 of the Business and Professions Code are not subject to the provisions of the subsection.
- (d) A pharmacist may furnish a drug or device pursuant to a written or oral order from a prescriber licensed in the State other than California in accordance with Business and Professions Code section 4005.
- (e) No licensee shall participate in any arrangement or agreement, whereby prescriptions, or prescription medications, may be left at, picked up from, accepted by, or delivered to any place not licensed as a retail pharmacy.

However, a licensee may pick up prescriptions at the office or home of the prescriber or pick up or deliver prescriptions or prescription medications at the office of or a residence designated by a patient or at the hospital, institution, medical office or clinic at which the patient is present. The Board may in its sole discretion waive this application of the regulation for good cause shown.

- (f) A pharmacist may transfer a prescription for Schedule III, IV, or V controlled substances to another pharmacy for refill purposes in accordance with Title 21, Code of Federal Regulations, Section 1306.26.

Prescriptions for other dangerous drugs which are not controlled substances may also be transferred by direct communication between pharmacists or by the receiving pharmacist's access to prescriptions or electronic files that have been created or verified by a pharmacist at the transferring pharmacy. The receiving pharmacist shall create a written prescription, identifying it as a transferred prescription; and record the date of transfer and the original prescription number. When a prescription transfer is accomplished via direct access by the receiving pharmacist, the receiving pharmacist shall notify the transferring pharmacy of the transfer. A pharmacist at the transferring pharmacy shall then assure that there is a record of the prescription as having been transferred, and the date of transfer. Each pharmacy shall maintain inventory accountability and pharmacist accountability and dispense in accordance with the provisions of Section 1716.

Information maintained by each pharmacy shall at least include:

- (1) Identification of pharmacist(s) transferring information;
 - (2) Name and identification code or address of the pharmacy from which the prescription was received or to which the prescription was transferred, as appropriate;
 - (3) Original date and last dispensing date;
 - (4) Number of refills and date originally authorized;
 - (5) Number of refills remaining but not dispensed;
 - (6) Number of refills transferred.
- (g) The pharmacy must have written procedures that identify each individual pharmacist responsible for the filling of a prescription and a corresponding entry of information into an automated data processing system, or a manual record system, and the pharmacist shall create in his/her handwriting or through hand-initialing a record of such filling, not later than the beginning of the pharmacy's next operating day. Such record shall be maintained for at least three years.

1761. ERRONEOUS OR UNCERTAIN PRESCRIPTIONS

- (a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity, or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription.
- (b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose.

1764. UNAUTHORIZED DISCLOSURE OF PRESCRIPTIONS

No pharmacist shall exhibit, discuss, or reveal the contents of any prescription, therapeutic effect thereof, the nature, extent, or degree of illness suffered by any patient or medical information furnished by the prescriber with any person other than the patient or his or her authorized representative, the prescriber or other licensed practitioner then caring for the patient, another licensed pharmacist serving the patient, or a person duly authorized by law to receive such information.

1765. COMMISSIONS, GRATUITIES, REBATES

An unlawful commission, gratuity or rebate prescribed by this article and Business and Professions Code Section 650 includes the rendering by a pharmacist or pharmacy of consultant pharmaceutical services such as those required pursuant to Title 22, Division 5, Chapters 3 and 4 (skilled nursing facilities and intermediate care facilities) to a licensed health care facility for no cost, nominal cost, or

below reasonable cost, if that pharmacist or pharmacy obtains patients, clients or customers and/or their prescription order from that licensed facility or entity.
The determination of the value of consultant pharmaceutical services rendered shall include, but not be limited to, the value of all goods and services furnished by the pharmacist or pharmacy to a licensed health care facility.

1793.1 DUTIES OF A REGISTERED PHARMACIST

Only a registered pharmacist, or an intern pharmacist acting under the supervision of a registered pharmacist, may:

- (a) Receive a new prescription order orally from a prescriber or other person authorized by law.
- (b) Consult with a patient or his or her agent regarding a prescription, either prior to or after dispensing, or regarding any medical information contained in a patient medication record system or patient chart.
- (c) Identify, evaluate and interpret a prescription.
- (d) Interpret the clinical data in a patient medication record system or patient chart.
- (e) Consult with any prescriber, nurse or other health care professional or authorized agent thereof.
- (f) Supervise the packaging of drugs and check the packaging procedure and product upon completion.
- (g) Be responsible for all activities of pharmacy technicians to ensure that all such activities are performed completely, safely and without risk of harm to patients.
- (h) Perform any other duty which federal or state law or regulation authorizes only a registered pharmacist to perform.
- (i) Perform all functions which require professional judgement.

I hereby agree to abide by the Rules of Professional Conduct as they may, from time to time, be revised by the California State Board of Pharmacy.

Print Name of Applicant_____

Signature of Applicant_____ **Date** _____

**INSTRUCTIONS FOR COMPLETING A
"REQUEST FOR LIVE SCAN SERVICE" FORM
(California Residents)**

The following instructions are provided to assist you in completing this form accurately. Please follow all instructions carefully and print clearly; failure to do so may result in processing delays of your application.

1. **Job Title or Type of License, Certification, or Permit:** Enter the type of license, certification or permit for which you are applying. Appropriate license types include pharmacist, pharmacy technician, intern pharmacist, exemptee, or if an owner or officer of a pharmacy, hospital, clinic, wholesaler or hypodermic permit enter appropriate title of the facility.
2. **Name of Applicant:** Enter your last name, first name and middle name. Do not use initials or name abbreviations.
3. **AKA:** Enter all other names you have used, including your maiden name.
4. **CDL No:** Your California Driver's License Number.
5. **DOB:** Your date of birth (month/day/year).
6. **SEX:** Your gender (male or female).
7. **HT:** Your height in feet and inches.
8. **WT:** Your weight in pounds.
9. **Misc. No.:** Enter other identifying numbers. (e.g., Other State Driver's License Number)
10. **EYE Color:** Color of your eyes
11. **HAIR Color:** Color of your hair
12. **Home Address:** Your residence address
13. **POB:** Enter your place of birth.
14. **SOC:** Enter your Social Security Number

Take all 3 copies of the completed form to your nearest Live Scan site for fingerprint scanning. There are more than 130 Live Scan sites throughout the state. An up-to-date Live Scan site list is on the Department of Justice's (DOJ) Internet web page at <http://caag.state.ca.us/app/contact.pdf> or call your local police or sheriff's department.

Contact the live scan service for hours of operation, an appointment (if necessary), acceptable forms of payment and identification requirements. Be prepared to pay **ALL applicable fees** (the DOJ processing fee of \$32, the FBI processing fee of \$24 and fingerprint scanning service fee) at the time your prints are taken. The live scan fingerprinting service fee varies from about \$5 to \$20. The cost to electronically submit your fingerprints is determined by the local Live Scan agency and the agency can charge a fee sufficient to recover its costs.

The lower portion of the Request for Live Scan Service form must be completed by the live scan operator. The original of the form is retained by the scanning service; the second copy is to be attached to your application and submitted to the board; and the third copy is for your records.

FINGERPRINTING AUTHORITY

Section 144(b) of the Business and Professions Code authorizes the Board of Pharmacy to require an applicant for licensure to furnish a full set of fingerprints for purposes of conducting criminal history record checks. Fingerprints are required in order for the DOJ/FBI to conduct background checks for criminal convictions.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____		_____
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)
_____		_____
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)
_____		()
City	State	Zip Code
		Contact Telephone No.

Name of Applicant: _____
(Please print) Last First Middle

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____

POB: _____ Street or PO Box _____

SOC: _____ City, State and Zip Code _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ ☐ FBI ☐

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name

_____		_____
Street No.		Mail Code (five digit code assigned by DOJ)
Street or PO Box		()
City	State	Zip Code
		Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency	ATI No.	Amount Collected/Billed
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REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

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Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

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_____		_____
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)
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City	State	Zip Code
		Contact Telephone No.

Name of Applicant: _____
(Please print) Last First Middle

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____

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Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ ☐ FBI ☐

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		Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency	ATI No.	Amount Collected/Billed
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Applicant Submission

ORI: _____ Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

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_____	_____	_____
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)
_____		()
_____	_____	_____
City	State	Zip Code
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Name of Applicant: _____
(Please print) Last First Middle

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()

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Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed